



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1116

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10766,034	01/29/2004	604	3767	968-203
	RULE			

## APPLICANTS

Laurel A. Novacek, Vancouver, BC, CANADA;  
 Fraser R. Sharp, Vancouver, BC, CANADA;  
 Donald A. McLean, Vancouver, BC, CANADA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/042,355 01/11/2002 PAT 6,878,131 which is a DIV of 09/637,873 08/15/2000 PAT 6,344,031  
 which is a DIV of 09/460,713 12/14/1999 PAT 6,117,113  
 which is a DIV of 09/215,519 12/18/1998 PAT 6,033,386  
 which is a DIV of 08/917,337 08/25/1997 PAT 5,858,000  
 which is a CIP of 08/603,868 02/22/1996 PAT 5,688,240  
 which is a DIV of 08/470,026 06/06/1995 PAT 5,520,649  
 which is a DIV of 08/361,227 12/21/1994 PAT 5,462,531  
 which is a CIP of 08/128,694 09/30/1993 PAT 5,415,638  
 which is a CIP of 07/909,385 07/08/1992 PAT 5,263,933 \*  
 which is a CIP of 07/800,849 11/29/1991 PAT 5,205,827  
 which is a DIV of 07/687,108 04/18/1991 PAT 5,112,318  
 which is a CIP of 07/607,127 10/03/1990 PAT 5,122,124  
 which is a CIP of 07/410,318 09/21/1989 PAT 5,030,208  
 which is a CIP of 07/327,344 03/22/1989 ABN  
 which is a CIP of 07/285,012 12/14/1988 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

*EPN*  
*10/16/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/07/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	BC	29	1	1
Verified and Acknowledged	Examiner's Signature <i>Alvin M. Moretti</i> Initials <i>AM</i>				

## ADDRESS

23117

## TITLE

Safety syringe needle device with interchangeable and retractable needle platform

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
------------	---	---

<b>RECEIVED</b> 900	No. _____ to charge/credit DEPOSIT ACCOUNT	(time )
	No. _____ for following:	<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit